INCONTINENCE CARE
Comfort Shield® Barrier Cream Cloths
INCONTINENCE-ASSOCIATED DERMATITIS (IAD):
A significant risk factor for pressure ulcers

Incontinence-associated dermatitis (IAD) is now the accepted term for skin damage caused by exposure to stool or urine.\(^1\) Clinical observation and histopathologic analysis suggest that IAD is the result of “top-down” injury,\(^1\) which starts on the surface and works inward. Pressure ulcers are defined as “any lesion caused by unrelieved pressure resulting in damage of underlying tissue.”\(^2\)

IAD RISK FACTORS:\(^3\)

**Skin**
- Double (urinary and fecal) incontinence
- Frequency of incontinence
- Fecal incontinence
- Poor skin condition
- Tissue tolerance impairments
- Moisture
- Alkaline pH

**Patient**
- Fever
- Pain
- Compromised mobility
- Poor skin oxygenation

REFERENCES:

www.sageproducts.ca
IAD RISK, PREVALENCE & COST

IAD AS A RISK FACTOR FOR PRESSURE ULCERS
“…patients with fecal incontinence were 22 times more likely to have pressure ulcers than patients without fecal incontinence.”

“…the odds of having a pressure ulcer were 37.5 times greater in patients who had both impaired mobility and fecal incontinence than in patients who had neither.”

PRESSURE ULCER PREVALENCE AND COST IN CANADA
The Canadian national average for pressure ulcer prevalence in acute care settings is 25%.

A 100 bed acute-care facility with a pressure ulcer prevalence of 25% spends more than CAD$750,000 annually to treat pressure ulcers.

IAD CARE AND COST
Studies have demonstrated cost benefits and improved clinical outcomes related to simplified IAD treatment protocols.

- One study compared a 2-step skin care procedure to a 1-step procedure, using a cleanser-protectant combination product. The 1-step procedure reduced nursing time, product costs, skin pain and erythema.

- Another study found an 89% reduction in incidence of skin breakdown and an estimated annual savings of $3,700 with the use of a 1-step skin protection program.

- A recent study at a long-term care facility that implemented strategies for prevention and management of IAD estimated the annual cost of care was reduced by nearly 50% (from CAD$1,140.64 to CAD$618.11 per resident).

Multiple steps associated with traditional methods of incontinence care often mean barrier application is overlooked. Protecting the skin of incontinent patients is just as important as cleansing and moisturizing, and failure to apply a proper barrier can lead to Incontinence-Associated Dermatitis (IAD), a known risk factor for pressure ulcers. One study shows 54% of incontinent patients suffered from IAD, while 21% had two or more peri-skin injuries.

INADEQUATE BARRIER APPLICATION: A GATEWAY TO INCONTINENCE-ASSOCIATED DERMATITIS (IAD)

2012 GUIDELINES FOR PREVENTION AND TREATMENT

Product Selection
- Select a pH-balanced skin cleanser (one whose pH range approximates the acid mantle of healthy skin).
- No rinse skin cleansers are preferred over towel drying.
- Gentle cleansing is preferred over scrubbing techniques; use a soft cloth to minimize friction damage.
- Routine use of a moisturizer is recommended to replace intercellular lipids and promote moisture barrier function of the skin.
- A moisturizer or combination product with a high concentration of humectants is not recommended for hyperhydrated skin.
- A moisturizing product or combination product with an emollient moisturizer is recommended to prevent IAD in intact skin.
- A product that combines a cleanser and emollient-based moisturizer ensures application of both products in a single step.
- A skin protectant or disposable cloth that combines a cleanser, emollient-based moisturizer, and skin protectant is recommended for prevention of IAD in persons with urinary or fecal incontinence and for treatment of IAD, especially when skin is denuded.

Timing
- Cleansing should occur as soon as possible following an episode of incontinence to limit contact with urine and stool.
- Timely cleansing, moisturizing, and application of a skin protectant are especially important following an episode of fecal incontinence.

Treatment
- Treatment of IAD includes consistent application of a defined skin care regimen based on principles of cleansing, moisturizing, and application of a skin protectant similar to those advocated for prevention of IAD.

REFERENCES:
RESEARCH LINKS BASINS TO CAUTI RISK

Using the basin to clean patients after an incontinence episode puts them at risk for nosocomial infection. Published studies prove the basin is contaminated and is linked to Catheter-Associated Urinary Tract Infections (CAUTIs).

A study analyzing the basin sampling results of 441 basins from 30 hospitals across Canada found that 100% of basins were contaminated with one or more of the following: Enterococcus species, Staphylococcus aureus or gram-negative bacilli. All of the hospitals in the study had basins that tested positive for bacteria.

A 2010 study proves a link between basin bathing and CAUTIs. When one US facility eliminated the basin from the bedside of catheterized patients and instituted prepackaged bathing along with other protocols, the incidence of CAUTIs was reduced to zero within a month, and it remained at zero for five months.

DON’T EXPOSE YOUR PATIENTS TO A PROVEN PATIENT SAFETY RISK FACTOR. BAN THE BASIN FOR GOOD!

Our FREE basin sampling program quickly and easily gives you the clinical data you need to show the danger lurking in basins used for bathing and incontinence cleanup.

FIND OUT WHAT’S IN YOUR BASINS!

- A Sage representative can assist you in swabbing 10 of your basins.
- The swabs will be sent to an independent, third-party testing lab.
- You’ll receive your confidential results within 1 to 2 weeks.

Learn the truth about what’s in your basins. To get started, visit BantheBasin.com or call 800.323.2200.
COMFORT SHIELD® BARRIER CREAM CLOTHS
Deliver proven IAD protection

Comfort Shield Barrier Cream Cloths provide easy, all-in-one incontinence care. Each premoistened, disposable cloth delivers one-step perineal cleansing, moisturizing and deodorizing—all while protecting skin with 3% dimethicone. The soft, skin-friendly cloths are gentle on even the most delicate skin, and you’re guaranteed a barrier is applied every time.

TRANSPARENT BARRIER PROTECTION
Shield Barrier Cream Cloths’ breathable, transparent barrier eliminates the mess and waste of petroleum-based products. One study proves Shield Barrier Cream Cloths’ dimethicone barrier equivalent to tubed barrier creams.1

MONITOR AND EVALUATE PATIENT SKIN INJURY

Receive a FREE IAD assessment in your facility to help you:

- Identify skin issues at the two most common sites for pressure ulcers: the heels and the sacrum
- Track your facility’s prevalence rate of IAD
- Target effective interventions, which may improve patient outcomes

Take advantage of this valuable FREE service! To get started, call 800.323.2200.

5-in-1 Barrier Cloths:
- Dimethicone barrier
- pH balanced, rinse-free cleanser
- Enriched with Aloe & Vitamin E
- Deodorizer
- Heavyweight cloth

PROFESSIONAL GUIDELINES AND RECOMMENDATIONS

2010 WOCN GUIDELINE FOR PREVENTION AND MANAGEMENT OF PRESSURE ULCERS MANAGING INCONTINENCE

“Combined products can be used to save time and make providing perineal care easier for the care giver. Combined products include moisturizing cleansers, moisturizer skin protectant creams, and disposable washcloths that incorporate cleansers, moisturizers, and skin protectant in a single product.”

2012 INTERNATIONAL IAD CONSENSUS GROUP EVIDENCE-BASED GUIDELINES FOR PREVENTING AND TREATING IAD

- The panel recommends the use of a disposable cloth impregnated with both acidic no-rinse cleansers and with a protectant such as dimethicone.
- The panel recommends use of combination cleansing-moisturizing-protectant wipes for prevention of IAD when feasible.

REGISTERED NURSES ASSOCIATION OF ONTARIO (RNAO) RISK ASSESSMENT AND PREVENTION OF PRESSURE ULCERS

ASSESSMENT Recommendation 3.10

Protect skin from excessive moisture and incontinence:
- Assess and manage excessive moisture related to body fluids (e.g., urine, feces, perspiration, wound exudates, saliva).
- Gently cleanse skin at time of soiling. Avoid friction during care with the use of a spray perineal cleaner or soft wipe.
- Minimize skin exposure to excess moisture. When moisture cannot be controlled, use absorbent pads, dressings, or briefs that wick moisture away from the skin. Replace pads and linens when damp.
- Use topical agents that provide protective barriers to moisture.
- If unresolved skin irritation exists in a moist area, consult with the physician for evaluation and topical treatment.

NATIONAL PRESSURE ULCER ADVISORY PANEL (NPUAP) PRESSURE ULCER PREVENTION/TREATMENT GUIDELINES

SKIN ASSESSMENT Skin Care

12. Protect the skin from exposure to excessive moisture with a barrier product in order to reduce the risk of pressure damage. (Strength of Evidence = C)

ACCREDITATION CANADA

Accreditation Canada recognizes Leading Practices in Canadian organizations that are noteworthy examples of high-quality leadership and service delivery.

Headwaters Health Care Centre (HHCC) in Ontario achieved Leading Practice status that are noteworthy examples of high-quality leadership and service delivery.

Accreditation Canada recognizes Leading Practices in Canadian organizations for incontinent patients.

Implementing Shield Barrier Cream Cloths and providing bedside access enhanced staff compliance and resulted in a near zero rate of facility-acquired pressure ulcers.

REFERENCES:

PROVEN RESULTS

PROVEN IAD OUTCOME

After 3 days using Shield Barrier Cream Cloths, patient’s skin vastly improved; no discomfort.

- NEW RANDOMIZED CONTROLLED TRIAL PROVES EFFECTIVENESS

A 4-month study of 464 nursing home residents evaluated use of Shield Barrier Cream Cloths versus water and pH neutral soap. Residents using Shield saw a reduction in the prevalence of IAD from 22% to 8%, while residents using soap and water saw IAD prevalence increase from 23% to 27%. The study also found a decrease in IAD severity in residents using Shield, while no improvement was seen with soap and water. 7

- One Canadian facility implementing Shield Barrier Cream Cloths saw a 77% reduction in IAD. 8

- The result of a six-month intervention at one Canadian facility demonstrated a 100% reduction in facility-acquired pressure ulcers for incontinent patients with IAD. 9

- A comprehensive pressure ulcer prevention program featuring Shield Barrier Cream Cloths improved compliance and reduced sacral/buttock pressure ulcers by 89%. 10

- Shield Barrier Cream Cloths resulted in 86% fewer WOC consults for skin problems due to incontinence. 11

- Implementing Shield Barrier Cream Cloths and providing bedside access enhanced staff compliance and resulted in a near zero rate of facility-acquired pressure ulcers. The rate was maintained over time and resulted in significant cost savings. 12
PERI CHECK™ GUIDE
PROMOTE EARLY IDENTIFICATION OF A MAJOR PRESSURE ULCER RISK FACTOR

Comfort Shield® Barrier Cream Cloths feature Peri Check Guide peel-and-stick labels to facilitate daily skin inspection. They empower staff to observe and report skin issues to the patient’s nurse, and promote rapid response through early identification of skin breakdown and Incontinence-Associated Dermatitis (IAD), a known risk factor for pressure ulcers.

In one study, Peri Check helped reduce pressure ulcers to zero in a facility.1 The same study found that Peri Check improved non-licensed staff’s knowledge about pressure ulcer development and “resulted in enhanced communication between non-licensed staff and RNs.”

2009 EUROPEAN PRESSURE ULCER ADVISORY PANEL AND NATIONAL PRESSURE ULCER ADVISORY PANEL2
Prevention and Treatment of Pressure Ulcers

Skin Assessment

3. “Inspect skin regularly for signs of redness in individuals identified as being at risk of pressure ulceration.”

7. “Document all skin assessments, noting details of any pain possibly related to pressure damage.”

SAFER HEALTHCARE NOW! (IHI) Prevent Pressure Ulcers3

The US Institute for Healthcare Improvement’s Five Million Lives Campaign (similar to Safer Healthcare Now!) recommends using pre-moistened, disposable barrier cloths to cleanse, moisturize, deodorize and protect patients’ skin after each incontinence episode. It also recommends keeping supplies at the bedside of each at-risk, incontinent patient.

**INCONTINENCE-ASSOCIATED DERMATITIS INTERVENTION TOOL (IAD-IT)**

### Skin Care for Incontinent Persons

1. Cleanse incontinence ASAP and apply barrier.
2. Document condition of skin at least once every shift in nurse’s notes.
3. Notify primary care provider when skin injury occurs and collaborate on the plan of care.
4. Consider use of external catheter or foley catheter.
5. Consider short term use of urinary catheter only if necessary.

<table>
<thead>
<tr>
<th>DEFINITION</th>
<th>INTERVENTION</th>
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<tbody>
<tr>
<td><strong>HIGH-RISK</strong></td>
<td>Skin is not erythematous or warmer than nearly skin but may show scars or color changes from previous IAD episodes and/or healed pressure ulcer(s). Person not able to adequately care for self or communicate need and is incontinent of liquid stool at least 3 times in 24 hours.</td>
</tr>
<tr>
<td>1. Use a disposable barrier cloth containing cleanser, moisturizer and protectant.</td>
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<tr>
<td>2. If barrier cloths not available, use acidic cleanser (6.5 or lower), not soap (soap is too alkaline); cleanse gently (soak for a minute or two – no scrubbing); and apply a protectant (ie: dimethicone, liquid skin barrier or petroleum).</td>
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<tr>
<td>3. If briefs or underpads are used, allow skin to be exposed to air. Use containment briefs only for sitting in chair or ambulating – not while in bed.</td>
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<tr>
<td>4. Manage the cause of incontinence: a) Determine why the patient is incontinent. Check for urinary tract infection, b) Consider timed toileting or a bladder or bowel program, c) Refer to incontinence specialist if no success.</td>
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<tr>
<td><strong>EARLY IAD</strong></td>
<td>Skin exposed to stool and/or urine is dry, intact, and not blistered, but is pink or red with diffuse (not sharply defined), often irregular borders. In darker skin tones, it might be more difficult to visualize color changes (white or yellow color) and palpation may be more useful. Palpation may reveal a warmer temperature compared to skin not exposed. People with adequate sensation and the ability to communicate may complain of burning, stinging, or other pain.</td>
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<tr>
<td>5. Assess skin folds, including under breasts, under pannus, and in groin.</td>
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<tr>
<td><strong>MODERATE IAD</strong></td>
<td>Affected skin is bright or angry red – in darker skin tones, it may appear white or yellow. Skin usually appears shiny and moist with weeping or pinpoint areas of bleeding. Raised areas or small blisters may be noted. Small areas of skin loss (dime size) if any. This is painful whether or not the person can communicate the pain.</td>
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<tr>
<td>6. Apply the ointment to a non-adherent dressing (such as anorectal dressing or redifil paste).</td>
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<tr>
<td>7. If using zinc oxide paste, do not scrub the paste completely off with the next cleaning. Gently soak stool off top then apply new paste covered dressing to area.</td>
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<tr>
<td>8. If denuded areas remain to be healed after inflammation is reduced, consider BTC ointment (balsam of peru, castor oil) but remember balsam of peru is pro-inflammatory.</td>
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<tr>
<td>9. Consult WOCN if available.</td>
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<tr>
<td><strong>SEVERE IAD</strong></td>
<td>Affected skin is red with areas of denudement (partial thickness skin loss) and oozing/bleeding. In dark skinned patients, the skin tones may be white or yellow. Skin layers may be stripped off as the oozing protein is sticky and adheres to any dry surface.</td>
</tr>
<tr>
<td>10. Position the person semiprone BID to expose affected skin to air.</td>
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<tr>
<td><strong>Fungal Appearing Rash</strong></td>
<td>This may occur in addition to any level of IAD skin injury. Usually spots are noted near edges of red areas (white or yellow areas in dark skinned patients) that may appear as pimples or just flat red (white or yellow) spots. Person may report itching which may be intense.</td>
</tr>
<tr>
<td>11. Consider treatments that reduce moisture: low air loss mattress/overlay, more frequent turning, astringents such as Domeboro soaks.</td>
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<td>12. Consider the air flow type underpads (without plastic backing).</td>
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4. Ask primary care provider to order an anti-fungal powder or ointment. Avoid creams in the case of IAD because they add moisture to a moisture damaged area (main ingredient is water). |
| 1. If using powder, lightly dust powder to affected areas. Seal with ointment or liquid skin barrier to prevent caking. |
| 2. Continue the treatments based on the level of IAD. |
| 3. Assess for thrush (oral fungal infection) and ask for treatment if present. |
| 4. If unsuccessful, consider BTC ointment (balsam of peru, trypsin, castor oil) but remember balsam of peru is pro-inflammatory. |
| 5. Ask primary care provider to order an anti-fungal powder or ointment. Avoid creams in the case of IAD because they add moisture to a moisture damaged area (main ingredient is water). |
| 1. If using powder, lightly dust powder to affected areas. Seal with ointment or liquid skin barrier to prevent caking. |
| 2. Continue the treatments based on the level of IAD. |
| 3. Assess for thrush (oral fungal infection) and ask for treatment if present. |
| 4. For women with fungal rash, ask health care provider to evaluate for vaginal fungal infection and ask for treatment if needed. |
| 5. Assess skin folds, including under breasts, under pannus, and in groin. |
| 6. If no improvement, culture area for possible bacterial infection. |
COMFORT SHIELD®
BARRIER CREAM CLOTHS
with Dimethicone

Incontinence is a significant risk factor for skin breakdown. Research shows that by applying a barrier after each incontinence episode, skin breakdown can be reduced. Shield Barrier Cream Cloths with dimethicone help you provide consistent patient care by applying an effective barrier every time. Each cloth delivers all-in-one skin cleansing, moisturizing, deodorizing, and barrier protection.

- Proven barrier protection. 3% dimethicone formula was proven equivalent to traditional tube barrier creams.
- Hypoallergenic, gentle and non-irritating.
- Breathable, transparent dimethicone barrier makes skin assessment easy. Allows the use of other products such as anti-fungals without removing dimethicone barrier.
- Helps eliminate mess of standard zinc oxide and petroleum-based barriers; makes each cleanup easier.
- Helps maximize compliance to your incontinence care protocol. Delivers an effective barrier every time.
- Helps prevent perineal dermatitis; helps seal out wetness.
- Uses 90% less packaging material than standard plastic tubs and requires less storage space.
- Barrier Station keeps Comfort Shield ready at the patient’s bedside.

REFERENCES:
### PRODUCT DETAILS:

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Pack Quantity</th>
<th>Reorder #</th>
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<tbody>
<tr>
<td>COMFORT SHIELD® BARRIER CLOTHS</td>
<td>8-pack</td>
<td>Reorder #7408</td>
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<tr>
<td></td>
<td>48 packages/case</td>
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<tr>
<td></td>
<td>3-pack</td>
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<td>90 packages/case</td>
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<td></td>
<td>24-pack</td>
<td>Reorder #7426</td>
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<tr>
<td></td>
<td>18 packages/case</td>
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<tr>
<td>COMFORT SHIELD® BARRIER STATION</td>
<td>24 stations/case</td>
<td>Reorder #7599</td>
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<tr>
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<td>24 stations/case</td>
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</table>
A HISTORY OF INNOVATION

Since the launch of Comfort Shield® Barrier Cream Cloths, Sage Products has worked to educate clinicians and patients about all-in-one incontinence care, and how it can help reduce pressure ulcers and boost compliance. Sage has also helped educate about Incontinence-Associated Dermatitis (IAD), a proven pressure ulcer risk factor.

1999
Sage launches Comfort Shield® Barrier Cream Cloths, the first all-in-one incontinence care product that cleanses, moisturizes, deodorizes, treats and protects perineal skin.

2002
Kimberly Clever publishes a study showing Shield Barrier Cream Cloths improved compliance and reduced sacral/buttock pressure ulcers by 89%.

2002
Sage develops the Comfort Shield Barrier Station, bringing incontinence care to the bedside. Helps meet IHI’s recommendation to keep supplies at the bedside of each at-risk, incontinent patient.

2006
Dr. Mikel Gray establishes the term Incontinence-Associated Dermatitis (IAD) in an article published in the Journal of WOCN.

2007
Sage introduces Shield Barrier Cream Cloths with PeriCheck™ Guide to facilitate daily skin inspection and empower staff to report skin issues to the patient’s RN.

2007
The IHI Five Million Lives Campaign recommends that facilities provide “premoistened, disposable barrier wipes to help cleanse, moisturize, deodorize, and protect patients from perineal dermatitis due to incontinence.”
2008
CMS stops reimbursing facilities for pressure ulcers not present on admission.

2009
The European Pressure Ulcer Advisory Panel and National Pressure Ulcer Advisory Panel recommend protecting the skin from exposure to excessive moisture with a barrier product in order to reduce the risk of pressure damage.

2009
Deb Johnson publishes a study finding that 98% of basins tested at different facilities nationwide were contaminated with bacteria, including MRSA and VRE.

2010
A Winnipeg facility implemented an intervention with an all-in-one incontinence cleanup and skin barrier product for 11 months and reduced the facilities incidence of IAD 77.7%.

2011
A randomized controlled trial, published in the Journal of WOCN comparing use of Shield Barrier Cream Cloths with soap and water found that residents using Shield saw a 64% reduction in IAD prevalence, while residents using soap and water saw a 23% increase.

2012
International IAD Consensus Group recommends use of combination cleansing-moisturizing-protectant wipes for prevention of IAD when feasible.

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Environmentally respectful package design uses 90% less packaging material than standard plastic tubs.

2013
NEW AND IMPROVED Traptex™ Plumbing Protection System Redesigned for proper sizing and installation.

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WIPES IN THE PIPES: A COSTLY DISASTER

Flushing of inappropriate items is a widespread problem in healthcare facilities, resulting in clogs, burst pipes, flooding and a huge drain on hospital resources and revenue. Wipes, washcloths, cloths, paper towels, underpads, diapers and more have been flushed down a hospital toilet. Just because it leaves the toilet bowl doesn’t mean it’s flushable. These products don’t disperse in water like toilet paper does. Instead, they accumulate over time in pipes and sewers to cause catastrophic problems in the hospital plumbing system or further down the waste stream in municipal water treatment facilities. Even products labeled “flushable” cause problems because they don’t properly disperse.

HOSPITAL PLUMBING CLOGS ARE A GROWING PROBLEM

A recent nationwide survey of US hospitals found that:

- Approximately 57% of plumbing clogs were caused by a variety of flushed disposable, nonwoven wipe products.
- The cost to fix a minor clog ranged between $15-$2,000 per clog with an average of over $300.
- The number of maintenance calls due to plumbing clogs ranged from 45-2,200 per month.
- Approximately 50% of hospitals reported significant costs to repair severe clogs ranging from tens of thousands of dollars to over $1 million per year.


13 www.sageproducts.ca
The Traptex Plumbing Protection System incorporates innovative flushing prevention devices, education and monitoring to change bad flushing behavior. This results in fewer maintenance and plumbing calls for clogged pipes, equipment failures and plumbing disasters. This behavior change will restore confidence to use Sage’s cloth-based products to improve patient care.

**The Traptex Plumbing Protection System includes:**

**Professional On-site Sizing**

A Sage professional will measure each individual toilet and hopper to determine the exact sizing specifications needed for each Traptex device. Our exclusive Traptex Custom Fit App keeps a record of sizing and installation details for every location.

**Custom Traptex Toilet and Hopper Guards**

Each custom, stainless steel Traptex Guard is designed to fit and features small, laser-cut hooks to catch cloths and wipes before they enter the pipes while allowing toilet paper and solid waste to pass through. By keeping cloths and wipes from entering the drain, Traptex Guards help change bad flushing behavior. Captured cloths force staff, patients, and families to deal with the issue and change flushing behavior.

**Professional Installation**

Traptex Guards are professionally installed by our expert technicians who will travel to your facility to ensure a secure and customized fit for maximum effectiveness.

**Warranty**

Traptex Guards come with a 2-year warranty. If one of your devices comes loose within 2 years, simply contact us. We will use the database created by the Traptex Custom Fit App to create another custom-made device to the toilet or hopper’s exact specifications.

**Traptex Wipe Retriever**

If cloths or wipes are trapped, they can be safely removed with our Wipe Retriever for proper disposal. This enables staff and housekeeping to address captured cloths without a costly plumbing or maintenance call. The Wipe Retriever provides the opportunity to remove cloths and wipes and correct the problem to reinforce a change in flushing behavior.
Changing practice in healthcare involves significant effort and above all else—data. Evaluation is critical, but as a busy clinician or supply chain professional, you may not have resources to gather, analyze and report on your own.

We can help. CustomerOne is your expert resource for customized measurement and data analysis. Our exclusive team of professionals will generate comprehensive reports tailored to your specific requirements. Reports include:

- **Executive Outcome Summary**
  A true success story—it highlights a clinical intervention with a Sage product, including pre- and post-intervention data, clinical outcomes and return on investment.

- **Return on Investment Report**
  Measures the financial impact of positive clinical outcomes and the financial value in partnering with Sage.

- **Cost Analysis**
  Compares current process cost to a proposed Sage intervention while taking into account the cost of a hospital-acquired infection/wound. Includes a break even point or projected return on investment.

- **Clinical Outcome Report**
  Measures correlations of compliance to specific clinical protocols and the clinical outcomes achieved.

- **Protocol Compliance Report**
  Measures compliance to a specific clinical protocol.

CustomerOne professionals will support all of these areas and more. You’ll receive meaningful, actionable results that can be shared with core decision-makers across your facility—all to drive change.

**Let us help validate your success!**
To learn more about CustomerOne call 1-800-323-2220